



Health Advisory
Pan-Resistant *Candida auris* Identified in Texas
March 16, 2021

In January 2021, *Candida auris* became a Texas notifiable condition with required isolate submission to the DSHS Laboratory in Austin. Since it became reportable, seven cases of *C. auris* have been reported in Texas residents. Two of these cases were identified as resistant to all three classes of antifungal drug. These are the first cases of pan-resistant *C. auris* identified in Texas. This Health Advisory is intended to provide recommendations regarding laboratory identification methods, treatment options and infection control recommendations to mitigate *C. auris* transmission.

About *Candida auris*

Candida auris is a fungus that may cause serious illness for those it infects. *C. auris* can cause invasive infections, including bloodstream infections, which may result in death, particularly in hospital and long-term care patients. *C. auris* is a public health threat because it is often multidrug-resistant, is difficult to identify, and can persist on surfaces in healthcare environments, resulting in the spread of *C. auris* among patients in healthcare facilities. Patients exposed to *C. auris* may remain colonized for a long time, putting them at risk for a future *C. auris* infection and further spreading the fungus.

Laboratory Identification

If *C. auris* infection is suspected, ask the testing laboratory to keep all isolates. *C. auris* can be misidentified in the laboratory when using traditional phenotypic methods for yeast identification such as VITEK 2 YST, API 20C, BD Phoenix yeast identification system, and MicroScan. CDC provides guidance on common misidentifications by identification method via this link:

<https://www.cdc.gov/fungal/candida-auris/identification.html>.

All *C. auris* isolates and any *Candida* isolates that may be misidentified or cannot be identified may be referred to the DSHS Laboratory. Instructions on shipping *C. auris* isolates can be found on the DSHS Laboratory webpage via this link:

<https://www.dshs.texas.gov/lab/ARLN/ShippingCANDIDAISSOLATES.shtm>.

Infection Control Recommendations

To mitigate transmission of *C. auris* in healthcare settings, implement the following recommendations for inpatient settings:

- Place the patient in a single-patient room and use Standard and Contact Precautions.
- Emphasize adherence to hand hygiene.

- *C. auris* can persist on surfaces in healthcare environments. Clean and disinfect the patient care environment (daily and terminal cleaning) and patient care equipment with an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris* or *Clostridium difficile* spores (List K).
- Use dedicated equipment, whenever possible. Clean and disinfect any reusable equipment that is used on the infected/colonized individual after each use. Shared equipment (e.g., ventilators, physical therapy equipment) should also be cleaned and disinfected before use by another patient.
- Flag the patient's Electronic Medical Record so appropriate infection control measures including contact precautions can be implemented.
- Upon patient transfer, inform the accepting facility of the *C. auris* colonization or infection history and the needed level of isolation.
- Screen close healthcare contacts of newly identified patient(s) with *C. auris* infection or colonization for presence of colonization.

The CDC has developed infection control recommendations and educational materials for healthcare settings, patients and family members. Please see additional recommendations at <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>.

Treatment

- Multidrug-resistance is common with *C. auris*. Most strains of *C. auris* found in the United States have been susceptible to echinocandins. Patients on antifungal treatment should be carefully monitored for clinical improvement and follow-up cultures with susceptibility testing should be conducted.
- CDC has developed specific treatment guidelines for adults, infants, and neonates. These are available at <https://www.cdc.gov/fungal/diseases/candidiasis/c-auris-treatment.html>.
- CDC does not recommend treatment of *C. auris* cultured from noninvasive sites when there is no evidence of infection.

For more information, healthcare providers can contact their local health department: <http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/>.